Effective on 12/08/2004.				Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL				Application Number 10/710,0		· · · · · · · · · · · · · · · · · · ·	
1 11 11 11 11 11 11 11 11 11 11 11 11 1				Filing Date 6/15/20			
For FY 2009				First Named Inventor Scott He		ferman	
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Jonathan		P. Ouellette	
				Art Unit 3629			
TOTAL AMOUNT OF PAYMENT (\$) 65.00			Attori	Attorney Docket 5798 - 100364			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES SEARCH FEES EXAMINATE Small Entity Small Entity S					TION FEES mall Entity		
Application Type	Fee (\$) Fee		Fee (\$)	Fee (\$)	Fee (\$)	Fees P	<u>aid (\$)</u>
Utility	330 8	2 540	270	220	110		
Design	220 11	0 100	50	140	70		
Plant	220 1	0 330	165	170	85		
Reissue	330 16	55 540	270	650	325	 	
Provisional	220 1	0 0	0	0	0		
2. EXCESS CLAIM FEES Small Entity							
Fee Description Fach claim over 20 (including Reissues) 52							<u>Fee (\$)</u> 26
Each claim over 20 (including Reissues) 52 Each independent claim over 3 (including Reissues) 220							110
Multiple dependent claims						390	195
		ktra Claims Fo	ee (\$)	Fee Paid (\$)		Multiple De	pendent Claims
	 =	x	=			<u>Fee (\$)</u>	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep, Claims - 3	3 or HP <u>E</u>	<u>xtra Claims</u> <u>F</u>	ee (\$)	Fee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Fees Paid (\$)							
Non-English Specification, \$130 fee (no small entity discount)							65
Other (v.g., rate ming date state ge).							
SUBMITTED BY							
Signature	/ Manual / (Audincy/Agon)						12-471-8815
Name (Print/Type)	Alexander Detschelt					Date March 11, 2010	